

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)**

**In the Matter of:**

**Daniel Harborth,**

**Debtor**  
\_\_\_\_\_ /

**Case No. 14-22066**

**Chapter 13 Proceeding**

**Honorable Daniel S. Opperman**

**OBJECTION TO PROOF OF CLAIM 3-3 IRS**

NOW COMES the debtor(s), Daniel Harborth, by and through his counsel, Kimberly Kramer, P.L.C., by Kimberly A. Kramer, and for his Objection states as follows:

1. That the IRS filed Proof of Claim 3-1 September 22, 2014 and an objection to Proof of Claim 3-1 was filed on October 29, 2014.
2. That the IRS filed an amended Proof of Claim 3-2 on October 29, 2014 and the objection to Proof of Claim 3-1 was withdrawn on October 31, 2014;
3. That the IRS filed a second amended Proof of Claim 3-3 on December 16, 2014; (Exhibit "A")
4. That Proof of Claim 3-3 alleges \$4,241.98 general unsecured due from tax year 2010;
5. That debtor did not owe tax liability in tax year 2010; (Exhibit "B")
6. That a Proposed Order is attached; (Exhibit "C")

WHEREFORE, debtor respectfully requests this Honorable Court sustain his Objection and limit the claim to \$4,965.48 priority debt only.

Dated: December 19, 2014

Respectfully Submitted,  
**KIMBERLY KRAMER, P.L.C.**

/s/ Kimberly A. Kramer  
**KIMBERLY A. KRAMER (P59045)**

Attorney for Debtor  
916 Washington Avenue, Suite 320  
Bay City, MI 48708  
(989) 671-4333

[Kimberlykramerplc@sbcglobal.net](mailto:Kimberlykramerplc@sbcglobal.net)

14-22066-dob Doc 27 Filed 12/19/14 Entered 12/19/14 09:26:15 Page 2 of 9

**7. Documents:** Attach are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "**redacted**".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

☒ I am the creditor.      ☐ I am the creditor's authorized agent.      ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)      ☐ I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: ZUBAIDAN F NEEDHAM

Title: Bankruptcy Specialist

Company: Internal Revenue Service

/s/ ZUBAIDAN F NEEDHAM

12/15/2014

(Signature)

(Date)

Address and telephone number (if different from notice address above):

Internal Revenue Service

PO BOX 330500

M/S 15

DETROIT, MI 48232-6500

Telephone number: (313) 628-3627

Email:

# Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10  
Attachment

**In the Matter of:** DANIEL F HARBORTH  
1923 5TH ST  
BAY CITY, MI 48708

Case Number  
14-22066-DOB

Type of Bankruptcy Case  
CHAPTER 13

Date of Petition  
09/16/2014

Amendment No. 2 to Proof of Claim dated 09/19/2014.

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

## Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
XXX-XX-7429	INCOME	12/31/2011	05/28/2012	\$1,263.00	\$95.09
XXX-XX-7429	INCOME	12/31/2012	12/08/2014	\$1,444.00	\$89.72
XXX-XX-7429	INCOME	12/31/2013	12/15/2014	\$2,032.00	\$41.67
				<u>\$4,739.00</u>	<u>\$226.48</u>

**Total Amount of Unsecured Priority Claims: \$4,965.48**

## Unsecured General Claims

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
XXX-XX-7429	INCOME	12/31/2010	07/16/2012	\$2,427.00	\$274.78

Penalty to date of petition on unsecured priority claims (including interest thereon) . . . . . \$934.08

Penalty to date of petition on unsecured general claims (including interest thereon) . . . . . \$606.12

**Total Amount of Unsecured General Claims: \$4,241.98**

Name,  
Address,  
and SSNSee separate  
instructions.Presidential  
Election Campaign

## Filing Status

Check only one  
box.

## Exemptions

If more than four  
dependents, see  
instructions and  
check here ☐

## Income

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and  
1099-R if tax  
was withheld.If you did not  
get a W-2,  
see page 20.Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.Adjusted  
Gross  
Income

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20		OMB No. 1545-0074																									
Your first name and initial <b>DANIEL F</b>		Your social security number <b>1 7429</b>																									
Last name <b>HARBORTH</b>		Spouse's social security number																									
If a joint return, spouse's first name and initial																											
Last name																											
Home address (number and street). If you have a P.O. box, see instructions. <b>1923 5TH STREET</b>		Apt. no.																									
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. <b>BAY CITY, MI 48708</b>		Make sure the SSN(s) above and on line 6c are correct.																									
Checking a box below will not change your tax or refund.																											
<input type="checkbox"/> You <input type="checkbox"/> Spouse																											
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <input type="checkbox"/> Qualifying widow(er) with dependent child																											
<b>6a</b> <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. <b>6b</b> <input type="checkbox"/> Spouse																											
<b>c Dependents:</b> <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table>			(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)																							
				<input type="checkbox"/>																							
				<input type="checkbox"/>																							
				<input type="checkbox"/>																							
				<input type="checkbox"/>																							
<b>d</b> Total number of exemptions claimed <b>1</b>																											
<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2 <b>7</b> <b>13,929.</b>																											
<b>8a</b> Taxable interest. Attach Schedule B if required <b>8a</b>																											
<b>b</b> Tax-exempt interest. Do not include on line 8a <b>8b</b>																											
<b>9a</b> Ordinary dividends. Attach Schedule B if required <b>9a</b>																											
<b>b</b> Qualified dividends <b>9b</b>																											
<b>10</b> Taxable refunds, credits, or offsets of state and local income taxes <b>10</b>																											
<b>11</b> Alimony received <b>11</b>																											
<b>12</b> Business income or (loss). Attach Schedule C or C-EZ <b>12</b>																											
<b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> <b>13</b>																											
<b>14</b> Other gains or (losses). Attach Form 4797 <b>14</b>																											
<b>15a</b> IRA distributions <b>15a</b> <b>b</b> Taxable amount <b>15b</b>																											
<b>16a</b> Pensions and annuities <b>16a</b> <b>b</b> Taxable amount <b>16b</b>																											
<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E <b>17</b>																											
<b>18</b> Farm income or (loss). Attach Schedule F <b>18</b>																											
<b>19</b> Unemployment compensation <b>19</b>																											
<b>20a</b> Social security benefits <b>20a</b> <b>b</b> Taxable amount <b>20b</b>																											
<b>21</b> Other income. List type and amount <b>21</b>																											
<b>22</b> Combine the amounts in the far right column for lines 7 through 21. This is your total income <b>22</b> <b>13,929.</b>																											
<b>23</b> Educator expenses <b>23</b>																											
<b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ <b>24</b>																											
<b>25</b> Health savings account deduction. Attach Form 8889 <b>25</b>																											
<b>26</b> Moving expenses. Attach Form 3903 <b>26</b>																											
<b>27</b> One-half of self-employment tax. Attach Schedule SE <b>27</b>																											
<b>28</b> Self-employed SEP, SIMPLE, and qualified plans <b>28</b>																											
<b>29</b> Self-employed health insurance deduction <b>29</b>																											
<b>30</b> Penalty on early withdrawal of savings <b>30</b>																											
<b>31a</b> Alimony paid <b>b</b> Recipient's SSN <b>31a</b>																											
<b>32</b> IRA deduction <b>32</b>																											
<b>33</b> Student loan interest deduction <b>33</b>																											
<b>34</b> Tuition and fees. Attach Form 8917 <b>34</b>																											
<b>35</b> Domestic production activities deduction. Attach Form 8903 <b>35</b>																											
<b>36</b> Add lines 23 through 31a and 32 through 35 <b>36</b> <b>0.</b>																											
<b>37</b> Subtract line 36 from line 22. This is your adjusted gross income <b>37</b> <b>13,929.</b>																											

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2010)

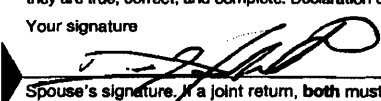
CDA

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	13,929.
	<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b> <input type="checkbox"/>		
		if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind.		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
	<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	<b>40</b>	5,700.
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	8,229.
	<b>42</b>	Exemptions. Multiply \$3,650 by the number on line 6d.	<b>42</b>	3,650.
	<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	4,579.
	<b>44</b>	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972.	<b>44</b>	458.
	<b>45</b>	Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Add lines 44 and 45	<b>46</b>	458.
	<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
	<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
	<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
	<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
	<b>51</b>	Child tax credit (see instructions)	<b>51</b>	
	<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
	<b>53</b>	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>53</b>	
	<b>54</b>	Add lines 47 through 53. These are your total credits	<b>54</b>	0.
	<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	458.
<b>Other Taxes</b>	<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
	<b>57</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>57</b>	
	<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
	<b>59</b>	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	<b>59</b>	
	<b>60</b>	Add lines 55 through 59. This is your total tax	<b>60</b>	458.
<b>Payments</b>	<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	432.
	<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>	
	<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>	400.
	<b>64a</b>	Earned income credit (EIC) NO.	<b>64a</b>	
	<b>b</b>	Nontaxable combat pay election <b>64b</b>		
	<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
	<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
	<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
	<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
	<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	
	<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
	<b>71</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	<b>71</b>	
	<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	<b>72</b>	832.
<b>Refund</b>	<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	<b>73</b>	374.
	<b>74a</b>	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	374.
	<b>b</b>	Routing number	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number		
	<b>75</b>	Amount of line 73 you want applied to your 2011 estimated tax	<b>75</b>	
	<b>76</b>	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	<b>76</b>	0.
	<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 12. Keep a copy for your records.

Your signature  Date 4/19/10 Your occupation LARBOR Daytime phone number

Spouse's signature, if a joint return, both must sign. Date 4/19/10 Spouse's occupation

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature SELF - PREPARED Date Check ☐ if self-employed PTIN

Firm's name Firm's EIN Phone no.

Form 1040 (2010)

CDA

C

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)**

**In the Matter of:**

**Daniel Harborth,**

**Debtor**

**Case No. 14-22066**

**Chapter 13 Proceeding**

**Honorable Daniel S. Opperman**

\_\_\_\_\_/

**ORDER SUSTAINING OBJECTION TO PROOF OF CLAIM 3-3 IRS**

THIS MATTER, having come before the Court on the Objections of the debtor(s) to the claim of the Internal Revenue Service, and this Court being otherwise fully advised in the premises.

NOW THEREFORE, IT IS HEREBY ORDERED that the objection to the Internal Revenue Service's proof of claim 3-3 is sustained and the claim is limited to \$4,965.48 priority debt only.

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)**

**In the Matter of:**

**Daniel Harborth,**

**Debtor**

**Case No. 14-22066**

**Chapter 13 Proceeding**

**Honorable Daniel S. Opperman**

**NOTICE OF OBJECTION TO PROOF OF CLAIM 3-3 IRS**

Debtor has filed an objection to your claim in his bankruptcy case.

**Your claim may be reduced, modified, or denied. You should read these papers carefully and discuss them with your attorney, if you have one.**

If you do not want the court to deny or change your claim, then on or before February 5, 2015, you or your lawyer must:

- a. File with the court a written response to the objection, explaining your position at:

United States Bankruptcy Court  
111 First Street  
P.O. Box 911  
Bay City, Michigan 48707

If you mail your response to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above.

You must also mail a copy to:

Kimberly A. Kramer  
Attorney for Debtors  
916 Washington Ave., Ste. 320  
Bay City, MI 48708  
(989) 671-4333

Thomas W. McDonald, Jr.  
Chapter 13 Trustee  
3144 Davenport Avenue  
Saginaw, MI 48602  
(989) 672-6766

- b. Attend the hearing on the objection, scheduled to be held on **February 12, 2015 at 10:00 a.m. at** United States Bankruptcy Court, 111 First Street, Bay City, Michigan, unless your attendance is excused by mutual agreement between yourself and the objector's attorney. . (Unless the matter is disposed of summarily as a matter of law, the hearing shall be a pre-trial conference only; neither testimony nor other evidence will be received. A pre-trial scheduling order may be issued as a result of the pre-trial conference.)

**If you or your attorney do not take these steps, the court may deem that you do not oppose the objection to your claim, in which even the hearing will be canceled, and the objection sustained.**

Dated: December 19, 2014

Respectfully Submitted,  
**KIMBERLY KRAMER, P.L.C.**  
/s/ Kimberly A. Kramer  
KIMBERLY A. KRAMER (P59045)  
Attorney for Debtor  
916 Washington Avenue, Suite 320  
Bay City, MI 48708  
(989) 671-4333  
Kimberlykramerplc@sbcglobal.net



**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)**

**In the Matter of:**

**Daniel Harborth,**

**Debtor**

**Case No. 14-22066**

**Chapter 13 Proceeding**

**Honorable Daniel S. Opperman**

**CERTIFICATE OF SERVICE**

STATE OF MICHIGAN     )  
                                      )SS.  
COUNTY OF BAY         )

The following entities were served by first class mail on December 1<sup>st</sup>, 2014:

Michigan Department of Treasury, Revenue and Collections Division, First Floor,  
Treasury Building, Lansing, MI 48922;

Office of the U.S. Attorney, 101 First St., Ste. 200, Bay City, MI 48708;

Department of Justice, Tax Division, P.O. Box 55, Ben Franklin Station, Washington, DC  
20044;

IRS, P.O. Box 330500, Stop 15, Detroit, MI 48226;

Internal Revenue Service, P.O. Box 7346, Philadelphia, PA 19101-7346

The following entities were served by electronic transmission on December 1<sup>st</sup>, 2014:

Thomas W. McDonald, Jr.    [ecf@mcdonald13.org](mailto:ecf@mcdonald13.org)

I, Valerie E. Groulx, declare under the penalty of perjury that I have served the attached document on the above listed entities in the manner shown, and prepared the Certificate of Service and that it is true and correct to the best of my information and belief.

**OBJECTION TO PROOF OF CLAIM 3-3 IRS**

/s/ Valerie E. Groulx  
VALERIE E. GROULX

PREPARED BY:  
KIMBERLY KRAMER, P.L.C.  
BY: KIMBERLY A. KRAMER (P59045)  
Attorney for Debtor(s)  
916 Washington Ave., Ste. 320  
Bay City, MI 48708  
(989) 671-4333  
[kimberlykramerplc@sbcglobal.net](mailto:kimberlykramerplc@sbcglobal.net)